

**Initial Referral to Out of Home Placement Provider  
For Child in DCF Custody – Consideration of Relatives/Kin for  
Placement (For Internal Use Only)**

**SECTION I:**

**Child's Name:** \_\_\_\_\_ **Child's DOB** \_\_\_\_\_

FACTS Client ID #		FACTS Case #		KES Client ID # upon KES implementation	
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**Section II:**

**List maternal and paternal relatives who are to be considered a placement resource – attach central registry check for each and any specific court recommendations (This does not indicate approval for placement.):**

**List maternal and paternal relatives who are NOT to be considered a placement resource and state the reason:**

**List other relatives who were notified of the child's placement and may be explored as possible supports/placements:**

**Section III:**

**List non-related kin who should be explored as a possible placement resource:**

**Additional Information** (use this space – please attach additional page(s) if necessary) provide any other pertinent information the Provider should have at the time the physical custody of the child is given to the Provider (e.g., family has history of violence, drug abuse, pending JO charges, service provider names if no current appointment is scheduled).

